

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

13 CV 4286

PAUL GREGORY

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

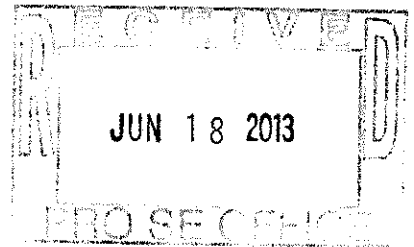
BROOKLYN NORTH NARCOTICS
JOHN JOE JOHN JOE JANE JOE
JOHN JOE, JOHN JOE, OFFICER WHITE
JOHN JOE

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☐ Yes ☐ No
(check one)



I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

PAUL GREGORY

ID #

Current Institution

Address

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

JOHN JOE

Shield #

Where Currently Employed

Address

Defendant No. 2 Name Officer White Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 3 Name John Joe Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4 Name JANE JOE Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name John Joe Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur?
695 SHEFFIELD AVE Bklyn NY 11207
- B. Where in the institution did the events giving rise to your claim(s) occur?
IN COUNTY OF Kings Bklyn NY
- C. What date and approximate time did the events giving rise to your claim(s) occur?

What happened to you?	D. Facts: I WAS WALKING TOWARD STORE ON SHEFFIELD AVE. WHEN TWO OFFICERS HOP OUT & ARREST ME. THE ARRESTING OFFICER WALK TOWARD MY GIRLFRIEND HOUSE KICK HER DOOR DOWN AND JACK HER UP. THEY SAID DRUG WAS THEIR BUT FOUND A CLIP OF MAR. VANAL OFFICER JHON JOE, JHON JOE JANE JOE
Who did what?	OFFICER WHITE SEARCH THE APARTMENT CAME UP EMPTY HANDED. WE ASK FOR A SEARCH WARRANT BUT THEY NEVER SHOW IT. THEN THE OFFICER HAD NERVE TO CALL ACS AND LIE. I CALLED CIVILIAN COMPLAINT BOARD AND ALSO BOARD OF INTERNAL AFFAIRS MY GIRLFRIEND AND I WAS INCARCERATED IN CENTRAL BOOKING
Was anyone else involved?	HAD NO CHOICE TO TAKE A VIOLATION OFF ACS FOR SIX MONTH AFTER THAT WE HAD TO FIGHT A ACS CASE WHICH COULD OF BEEN PREVENTED
Who else saw what happened?	

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. MOTION DEPRESSING PAIN AND SUFFERING, THEY STOP ME FROM GETTING A JOB WITH KID OR TO OWN A DAYCARE. THE CHILD I WAS WITH FOR FOUR YEAR GOTTA ORDER PROTECTION TIL SHE TURN 18 OR 21

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☐ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ____ No 1 Do Not Know ____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ____ No 1 Do Not Know ____

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ____ No 1

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ____ No 1

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? _____

2. What was the result, if any? _____

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, _____

when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

4 million DOLLARS 1,000,000.00
And to DISMISS order protection that
ACS gave me

VI. **Previous lawsuits:**

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No _____

On
these
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No X

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes _____ No X

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 24 day of MAY, 2013

Signature of Plaintiff

Inmate Number

Institution Address

Paul R. Gregory
900-12-01324
15-15 AAZEN ST
~~BRITAIN~~
E. Elmhurst NY
11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 24 day of MAY, 2013 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Paul R. Gregory